

NH Board of Nursing

RN Scope of Practice Advisories

Approval Date: 10/15/2015

This document reflects NH Board of Nursing advisory responses to individual questions, or categories of questions indicated by links, regarding RN scope of practice and designated clinical activities. Health care is constantly changing, and thus the practice of nurses and nursing assistants is also changing. It would be impossible to develop a list of all procedures and interventions that are included in the scope of practice of nurses. Licensees are encouraged to utilize the [Decision Tree](#) algorithm in determining scope of practice for activities not included in this list. If scope of practice remains unclear following use of the algorithm, licensees may submit a question to the board using the [Clinical Practice Inquiry Process and Form](#).

Licensees should be mindful of the professional responsibility to maintain competency as specified in NUR 404.12, which states, "All licensees shall, through education and experience, maintain the ability to competently practice nursing or nursing related activities."

When adding nursing interventions and nursing related activities to role responsibilities, in addition to those interventions taught during the initial educational process, it is the recommendation of the Board that facilities consider implementation using the following guidelines as applicable:

(1) Describe the educational preparation and practice history of the nurses or nursing assistants authorized to perform the intervention(s) or activity(s) (2) Define the intervention(s) or activity(s) and the procedures for implementing the intervention(s) or activity(s) (3) Include a written plan for attaining and maintaining competency of the licensee (4) Identify the names of those nurses or nursing assistants authorized to perform the interventions or activity(s), and (5) Be reviewed and updated as needed, but at least yearly.

Advisories listed below reviewed by P and E committee July 2014. All advisories after that date are identified with a board approval date in column listed "Within RN Scope of Practice?"

Activity/Question	Within RN Scope of Practice?	Comments
Administration of OTC meds without provider order	No	Facility policies should address self-administration. RN may not diagnose and prescribe medications administration of OTC meds without provider order.
Airway, insertion of advanced (LMA or ET tube)		
Allergy Serum: Can a nurse mix allergy serum for the purpose of allergy injections?	Yes	With competencies, education and policies in place as outlined in NH RSA 318:14. Additional information under RSA 318:14 can be accessed under Allergen Extracts as CSPs
Anesthesia, sedation, & analgesia FAQ – RN & LPN		

Blood pressure obtained at health clinic in NH by nurse not licensed in NH	Yes	This procedure can be done by licensed and non-licensed persons.
Biofeedback:RN with certification perform Biofeedback as a non invasive therapy	Yes	
Blister with serous drainage	Yes	similar to the advisory on Sharp Conservation Debridement done by a competent certified wound care nurse.
Bone marrow biopsy procedure	No	Board affirmed that bone marrow biopsy is NOT within RN scope of practice. Bone marrow biopsy is medical procedure and falls under auspices of Board of Medicine. See link: http://www.nh.gov/nursing/clinical/documents/clinical-practice-advisories-2012.pdf
Bone marrow biopsy slide preparation	No	
Bravo capsule placement: independent deployment and placement	No	June 17, 2010: The board revisited the Dec 17, 2009 decision that it is not within RN scope of practice to independently deploy and place Bravo capsules. The decision was made to uphold the previous decision. It is within the scope <i>only to assist</i> the provider in this procedure
Breast exam by RN	Yes	
Bubble Studies (echocardiogram) at the bedside: administration of agitated saline and contrast	Yes	4/16/2015 Facility policy
Care of relatives	Not advised	Refer to facility policy and consider potential boundary issues
Carotid massage for SVT	No	This is referenced in the ACLS manual as one of many therapies that address arrhythmias; however, it is not taught to nurses in NH.
Cardiac pacemaker reprogramming	Yes	
Cast application	Yes	
Cast removal	Yes	Provider order required
Cell saver operation	Yes	Ensure that assignment maintains patient safety
Cerebrospinal fluid, hourly extraction from indwelling catheter	No	Not within scope
Cerumen removal via instrumentation	No	
Cerumen removal via irrigation and suction	Yes	
Chelation therapy as conventional therapy for heavy metal poisoning or alternative therapy for heart disease, cancer, other conditions	Yes	
Chest tube removal	Yes	Board reviewed previous decision, reviewed literature supporting this procedure and reversed previous advisory.
Chiropractic Medicine: Can an RN work under a Doctor of Chiropractic Medicine	Yes	Referencing the position on the role of nurses in the practice of complementary

performing the following procedures? Health assessment paperwork, Hand held cold laser, Foot ionization for detoxification and Oscillation that stimulates the action of walking.		and alternative therapies, the RN can perform tasks/skills that are within RN scope and the tasks in question are within scope. Training and competency should be verified.
Complementary/alternative therapy	Yes	See http://www.nh.gov/nursing/clinical/documents/clinical-practice-advisories-2006-2.pdf
Computer Assisted Personalized Sedation System (CAPS) for delivery of minimal to moderate sedation in the Endoscopy area	Yes	See http://www.nh.gov/nursing/faq/anesthesia-analgesia.htm
Contact casting, total, for treatment of foot ulcers	Yes	See Link: http://www.nh.gov/nursing/clinical/documents/clinical-practice-advisories-2007.pdf
Contrast dye, IV push for diagnostic exam	Yes	
Coudé catheter insertion/replacement	Yes	
C-PAP therapy, equipment set-up	Yes	Board consensus is that this procedure is done by respiratory therapists and competent members of the public, and the nursing license is not required to perform this function
Cystometrics and independent performance of	Yes	
Death pronouncement and reporting of infectious disease following	Yes	See NH statute regarding Pronouncement of Death by Registered Nurses
Deep brain stimulator- increase/decrease voltage settings	Yes	With appropriate training and competency 2/2015
Defibrillation	Yes	
Delegation to non- licensed staff using electronic means ie skype to view and interact with personnel completing the task	Yes	This method of delegation is acceptable.
Dialysis catheter, removal of temporary	Yes	
Drain removal, J-P and hemovac	Yes	
Emergency medical screening evaluation (MSE) in the ED relative to EMTALA	Yes	RN's may perform nursing assessments within scope and when following CMS guidelines for MSE
Endoscopy/colonoscopy	Endoscopy Colonoscopy FAQ link	
Epicardial pacing wire removal	Yes	
Fecal disimpaction, manual without MD order	Yes	Facility policy should dictate circumstances requiring an order
Feeding tube insertion	Yes	
Femoral/arterial sheath removal post cardiac catheterization	Yes	
Femoral dialysis catheter insertion	Yes	

Gastric Restrictive Device adjustment	Yes	A supervised RN can perform this task as long as they are provided a band adjustment protocol by the covering physician (American Society for Metabolic and Bariatric Surgery
Hand Held Nebulizer administration	Yes	
Histologic technician, practicing as, in Mohs lab	*No	*The Board advises that this activity is not under the RN scope of practice. If RN chooses to function as histologic technician, hours would not count as active-in-practice towards renewal. It is not within RN scope of practice to obtain specimen
Hyperbaric oxygen therapy	Yes	
ICD deactivation using magnetic card	Yes	
Informed consent	No	RN may witness signature after provider explains procedure and obtains consent
Interdisciplinary plan of care, RN implementing plan developed by OT/PT	Yes	LPN and LNA's can be delegated specific tasks to perform under this plan
Interosseous needle insertion	Yes	Procedure taught in ACLS and PALS
Intraocular pressure measurement by aplanation using Schiotz tonometer or Tonopen	No	Non nursing task
Ketamine Titration: Can an RN, who can demonstrate competency, be able to administer Ketamine Infusion with titration parameters in the critical care setting? Ketamine titration would be based on established criteria and ordered by the Critical Care Intensivists to be used as adjunctive sedation in the mechanically ventilated patients. The Ketamine Drip order would have established criteria for titration, such as RASS (Richmond Agitation-Sedation Scale).	Yes	Ketamine can be administered via titration with a patient in critical care who has a secured airway.
Ketamine IM for administration to children	Board is silent	Board followed recommendation to be silent on this question due to lack of literature/research on this method of administration in this population.
Are the use of LEDs and lasers (photobiomodulation) within the scope of a nurse	Yes	Low intensity laser therapy LED is in current use in community.
Medication Compounding	No	Medication compounding as defined by NH RSA 318:1; however, crushing a tablet or reconstitution of a medication is not considered compounding
Medical Examinations	No	RN cannot perform medical examinations but can obtain health history and do a comprehensive nursing assessment
Nail trimming for diabetics	No	Filing with emery board allowed
Needle aspiration of seroma on post-surgical patient	No	
Needle decompression for tension	No	

pneumothorax		
Neonatal intubation	Yes, with specific requirements met	*Refer to position statement – Airway, Insertion of Advanced
Neuro/Biofeedback:RN with certification perform Biofeedback as a non invasive therapy	Yes	This is considered non- invasive holistic therapy
Neurometrix nerve conduction studies under physician supervision	Yes	
Neuro-monitoring percutaneous needle application and equipment operation during procedure in the OR	No	The RN may push the rest button under the direction of the surgeon
Orders from out of state physicians, providing home care to patient in NH	Yes	
Paracentesis, completion of procedure initiated by physician by changing bottles until flow stops and discontinuing the needle	Yes	
Percutaneous tibial nerve stimulation	Yes	
Pleural Tube Access for purposes of administering TPA and Pulmozone	No	This action is not supported due to the lack of supportive references for this practice.
Prescriptions: Renew or refill	Yes	With provider order/standing order
Protocol orders	Yes	Nurses may implement physician/APRN issued protocols and standing/routine orders, including the administration of medications, following nursing assessment. Protocols/orders should be written to reflect treatment of signs and symptoms, and should include parameters for the nurse to consult the physician/APRN. In addition, protocols and standing/routine orders should be officially approved by the facility medical and/or nursing staff, or approved by the prescriber of the individual patient
Pressure ulcer staging	Yes	
Private duty nurses caring for clients when traveling across state lines	Yes	With active compact license in a compact state.
Prolapsed rectum, digital reinsertion	Yes	*Digital reinsertion of prolapsed rectum is within the RN scope of practice provided the patient has been previously diagnosed with rectal prolapse, and there is an appropriate physician order, institution policy to support the practice, and documented training and competency.
Pulmonary artery catheter, advancing for proper placement when obtaining pressure readings	Yes	Utilizing Decision Tree
Pulmonary artery catheter, withdraw for proper placement	Yes	Utilizing Decision Tree
Pulse Oximetry	Yes	RN/LPN/ LNA
Radioisotope injection for nuclear exam	Yes	
Rectal dilatation in home setting	Yes	
Respiratory Equipment: assembly, delivery, maintenance, repair and testing	Not considered specific to nursing	Tasks can be performed by a competent member of the public and a nursing

	practice	license is not required to perform these tasks
Respiratory skills: Can the following skills be taught to an RN under RN scope of practice by a Respiratory Therapist? ABG's, Chest PT, Incentive Spirometry, Acapella, Peak Flow Meters, Nebulizers, Trach Care with humidification, High Flow Oxygen and CPAP/BIPAP	Yes	
Secretin stimulation test, Type 1 (blood test)	Yes	Procedure requires blood sampling via a peripheral catheter and administration of a medication
Secretin stimulation test, Type 2 (nasogastric)	No	
Sexual assault nurse examiner (SANE), board requirements for practice	Yes	Refer to national organization
Slit <i>catheter</i> readings	Yes	
Slit <i>lamp</i> exams including measuring intraocular pressure	No	Not within RN scope of practice; requires advanced practice licensure
Stress Testing with nuclear imaging supervision	Yes	<p>Within scope for a nurse educated in the procedure to include:</p> <ul style="list-style-type: none"> --EKG interpretation, must be ACLS certified and capable to respond to adverse events. This education and competence must be documented initially and on an ongoing basis; -- Physician or APRN must be immediately available in facility; --Facility and staff must possess ability to run full code; --Patient must be previously evaluated and cleared for testing by physician or APRN; There must be medical order for procedure; --Facility must have policies and procedures in place to address all aspects of issue. --RN may not administer agent or medications for purpose of pharmacologic or nuclear stress testing unless the physician or APRN are immediately available.
Suprapubic catheter replacement	Yes	<p>The following conditions must be met:</p> <ul style="list-style-type: none"> • Healed, well established, open pathway • Replacement catheter may only be a balloon-type indwelling catheter • Size of replacement catheter and balloon specified in provider order

Surgical site marking	No	Responsibility of surgical provider
Suturing <i>arteries</i>	No	Additional education is required – RNFA program
Suturing – use of <i>non-physician FDA approved arterial suturing device</i> following diagnostic or interventional cath lab procedure	Yes	Refer to RNFA guidelines
Telehealth nursing practice advisory (link)	Telehealth nursing Link FAQ	
Telephone order from pharmacist, transcription of	Yes	
Therabath treatments with paraffin wax	Yes	
Therapeutic phlebotomy	*Yes	*Guided by provider order, policy, procedure, and proof of specialized training and certification by institution
Therapy – contractual, individual, family, and/or group	Yes	With appropriate education and/ or certification
Therapies applied to the body for relieve of pain, swelling or discomfort (for example, ice or heat)	Yes Provider order not needed	RN can delegate these tasks to an LNA
Thermography	No	Diagnostic procedure
Tooth removal- loose teeth in school children	Board is silent on this	3/19/2015
Trans-cranial magnetic stimulation, application of	Yes	Under training and supervision of MD with annual competency demonstration
Ultrasound bladder scan to assess fluid volume	Yes	
Ultrasound for PICC insertion	Yes	
Ultrasound for therapeutic purposes	Yes	
Ventilator Settings: Can RN decrease or increase settings per order?	No	(2014)There is lack of evidence and documentation to support this action
Vagal Nerve Stimulator: external activation and delegation of procedure	Yes	In the case of a stable client, with a treatment plan in place, the RN may utilize external activation of the vagal nerve stimulator and may delegate the external activation of the vagal nerve stimulator to the LPN, LNA or UAP.
Vascular closure devices, deployment of	Yes	Mechanical devices only
Wound debridement, conservative sharp	Yes	Requires specialized training
Xrays: Can an RN depress the foot pedal to take an xray under direction of a provider?	No 11/2014 *This represents a reversal of advisory provided January	Guidelines from Arizona BON state that licensed by the MRTBE: MD, DO's. Med Radiological Technicians may administer ionizing radiation for diagnostic or therapeutic purposes, positioning xray beam, anatomical positioning to the beam, selecting

	2013 that allowed this practice.	exposure factors and initiating exposure.
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